



Quality Health FirstSM Program

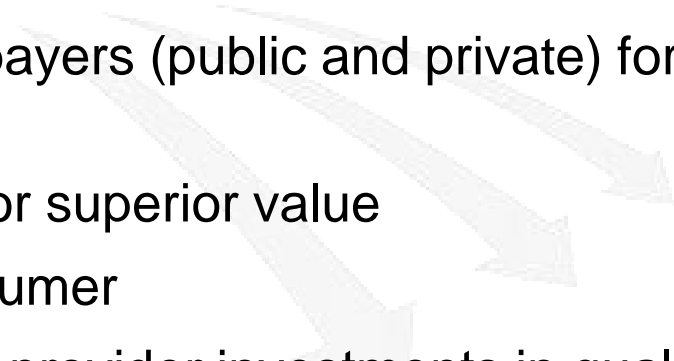
*A program of the Employers Forum of Indiana
and the Indiana Health Information Exchange*

What is the Employers Forum of Indiana?

History:

- Formed in late 2001 – non-health employers
- Mid 2002, opened membership to:
 - Health Plans
 - Medical groups
 - Hospitals
 - Others : state health department, insurance, QIO, Medicaid, research organizations & others

Goal:

- Improve the value received by payers (public and private) for their health care expenditures
 - *Differentially* reward providers for superior value
 - Involve the employee as a consumer
 - Improve the “business case” for provider investments in quality improvement
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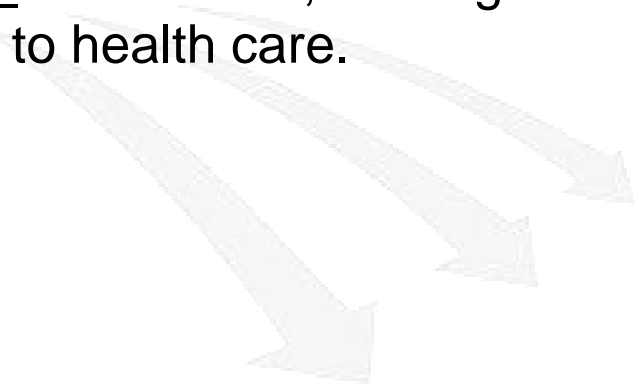
What is the Indiana Health Information Exchange?

- The Indiana Health Information Exchange was formed by the Regenstrief Institute, private hospitals, local and state health departments and other prominent organizations in Indiana to help improve patient safety and efficiency.
- The organization is dedicated to providing clinical data and quality standards to assist providers and other relevant parties in achieving the highest quality patient care.
- It will achieve this vision through the use and continued development of its two services, DOCS4DOCS® Clinical Messaging Service and the Quality Health First ^(SM) program.
- Through the DOCS4DOCS service, IHIE currently delivers over 38,000 messages a day to over 5,000 physicians in Indiana.


What is the Quality Health First program?

Quality Health First provides reports, alerts, reminders and other information to help physicians monitor patients' health and wellness, including the management of common, chronic diseases.

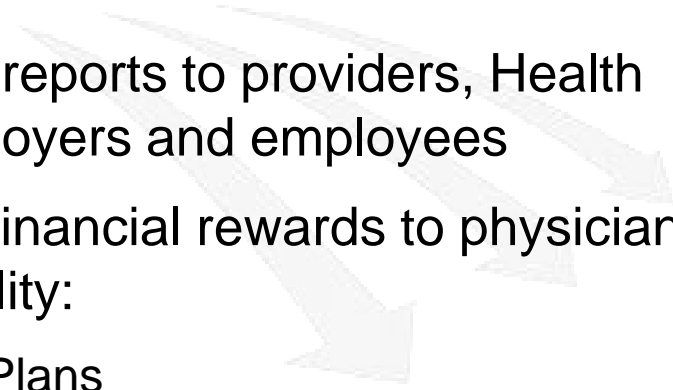
The program uses clinical and claims data, making it unique, feasible and valuable to health care.




Why pay for good quality?

- The current reimbursement system rewards activity and fails to recognize exceptional quality. (IOM—Crossing the Quality Chasm)
 - The quality of health care in the United States is highly variable and often sub-optimal. (McGlynn, NEJM)
 - In general, higher cost of care is not higher quality care. (Wennberg, Fisher)
 - Our belief: rewarding physicians for attaining evidence-based, clinical outcomes will result in improved health and more affordable health care. (IOM, BTE, LeapFrog)
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Differentiators

- Measures quality performance using national metrics selected by local physicians
 - Provides actionable quality information to physician groups and/or individual practices for a large percentage of patients
 - Provides physicians and Health Plans ONE quality report across all Health Plans—Commercial, Medicare, and Medicaid
 - Provides comparative quality reports to providers, Health Plans, and eventually to employers and employees
 - Is the mechanism to provide financial rewards to physicians for improving health care quality:
 - from all participating Health Plans
 - based upon consistent, community-wide quality reports
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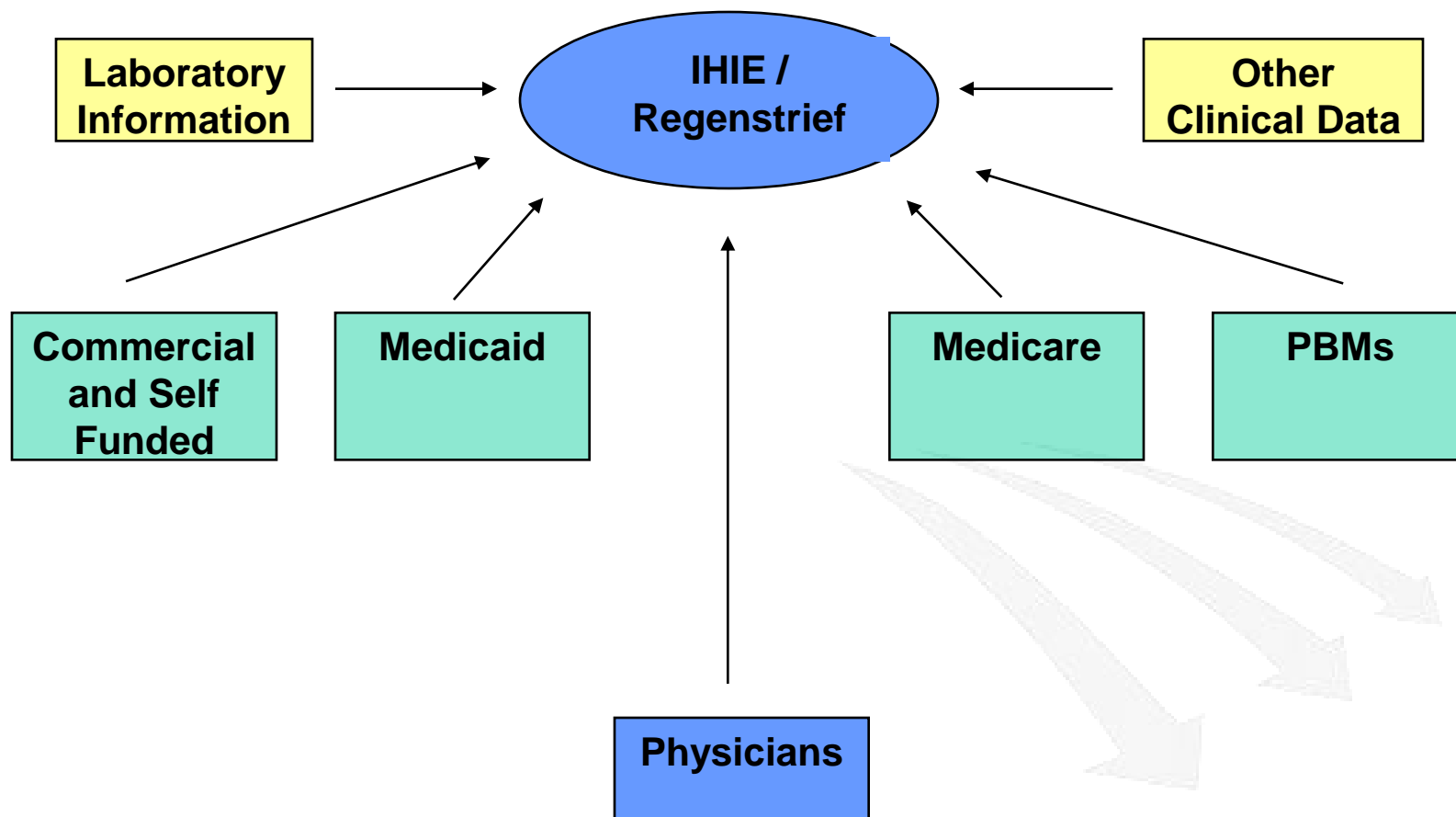
Aligning Incentives

- Reward *improvement* in addition to rewarding excellence, once a reasonable threshold has been reached
 - Concentrate financial incentives from multiple Health Plans and base these rewards on ONE set of physician-endorsed, community-wide reports
 - Support quality improvement efforts by providers, e.g., the adoption of Electronic Medical Records (EMR)
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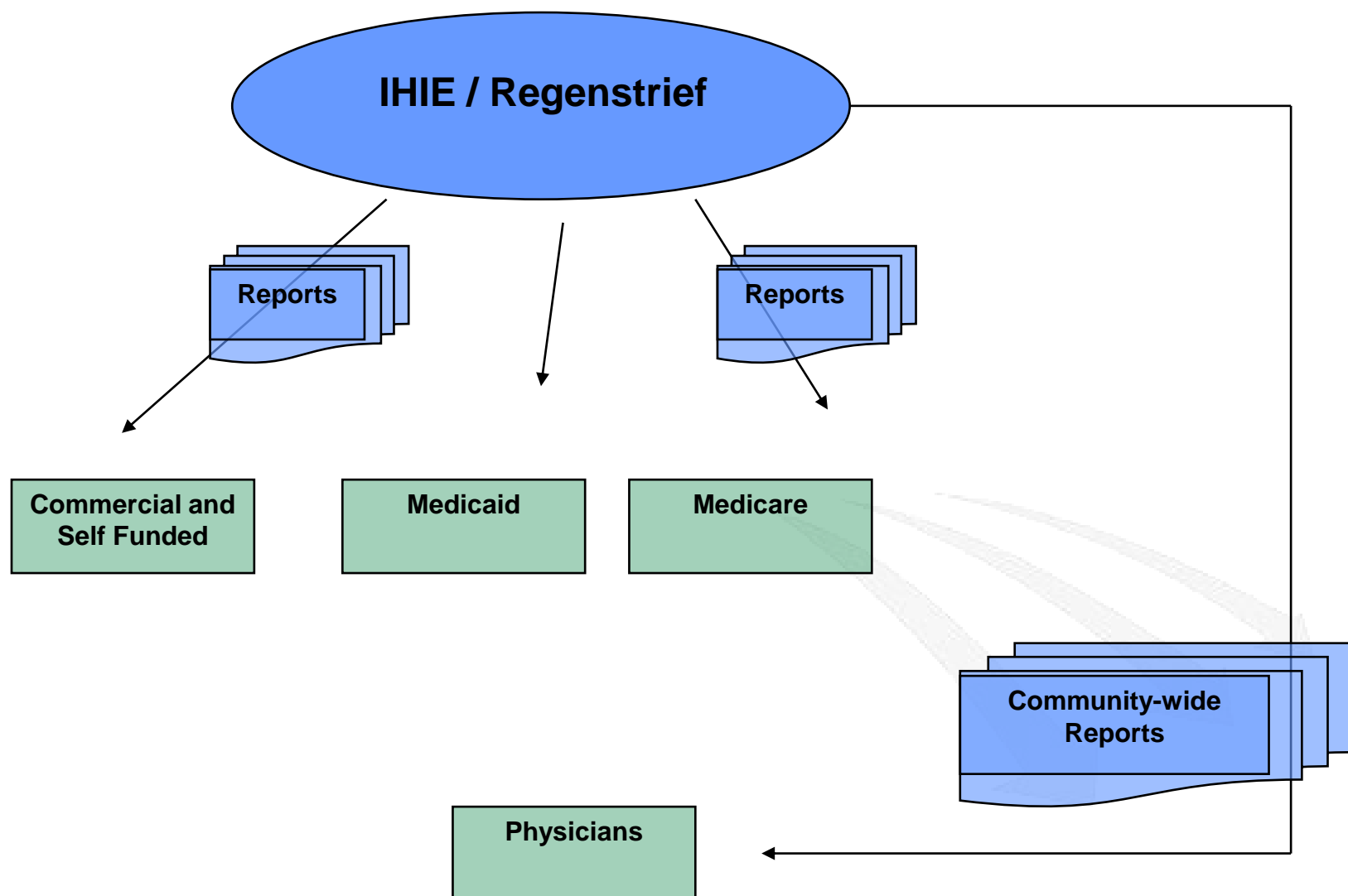
Who are the players?

- Employers Forum of Indiana
 - Indiana Health Information Exchange and Regenstrief Institute, Inc.
 - Employers (Lilly, others)
 - Health Plans (Anthem, United Healthcare, M-Plan, MDwise and others)
 - Physicians
 - Hospitals
 - Medicare
 - Public health officials
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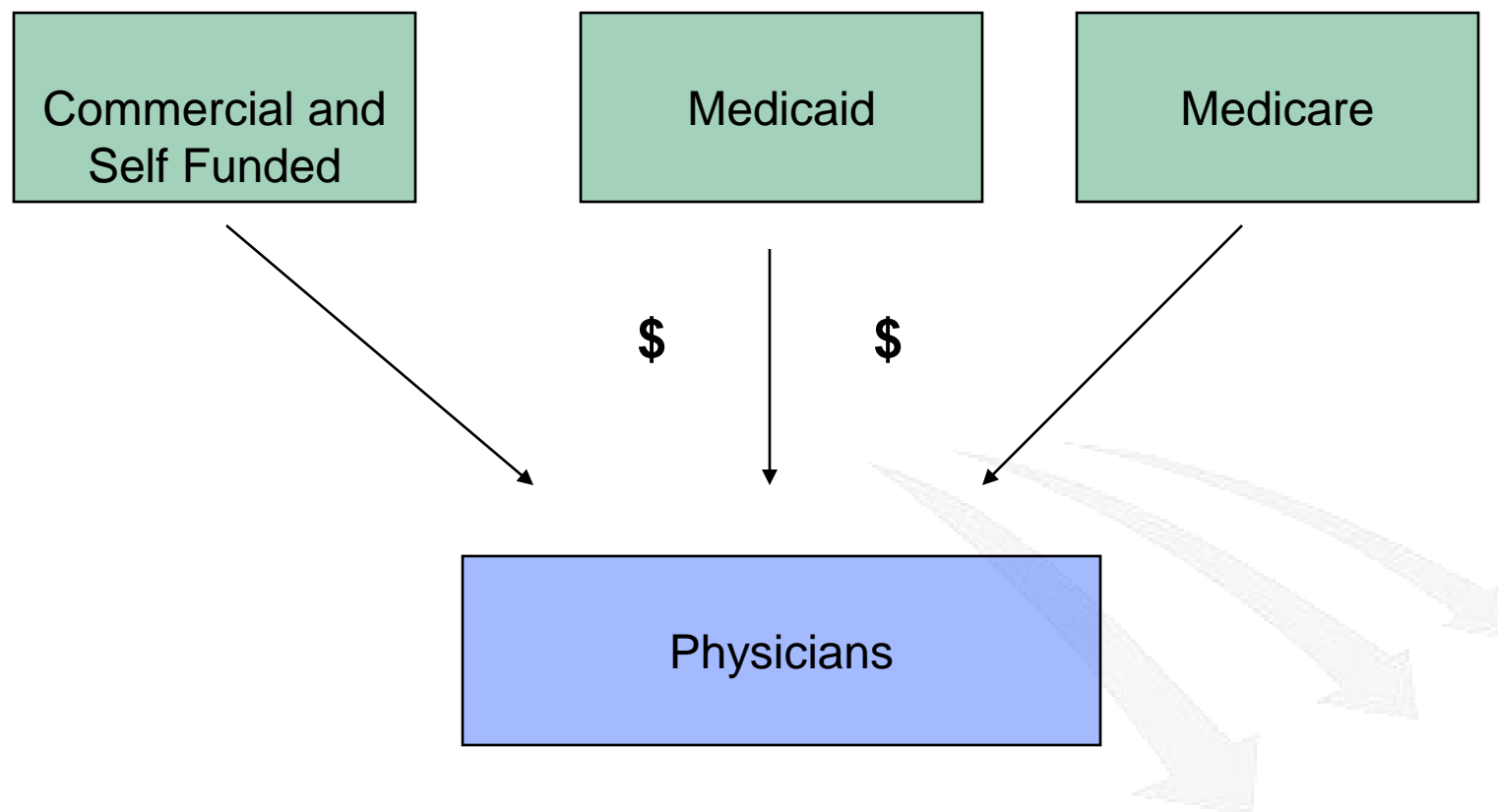
Collection of Data



Production and Delivery of Reports



Incentive Payments by Health Plans



Implementation

- Phase I—Primary Care in Central Indiana
- Phase II—Condition-based, focused on specialists and hospitals
- Phase III—Statewide expansion



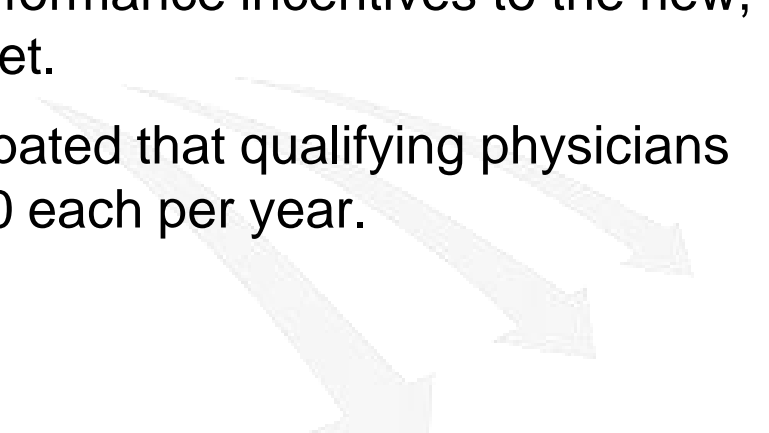
Initial Quality Measures

Quality improvement measures are grouped in categories:

- Asthma Treatment
- Children's Health
- Diabetes Care
- Heart Health
- Mental Health
- Women's Health
- Other Clinical Measures



Incentives

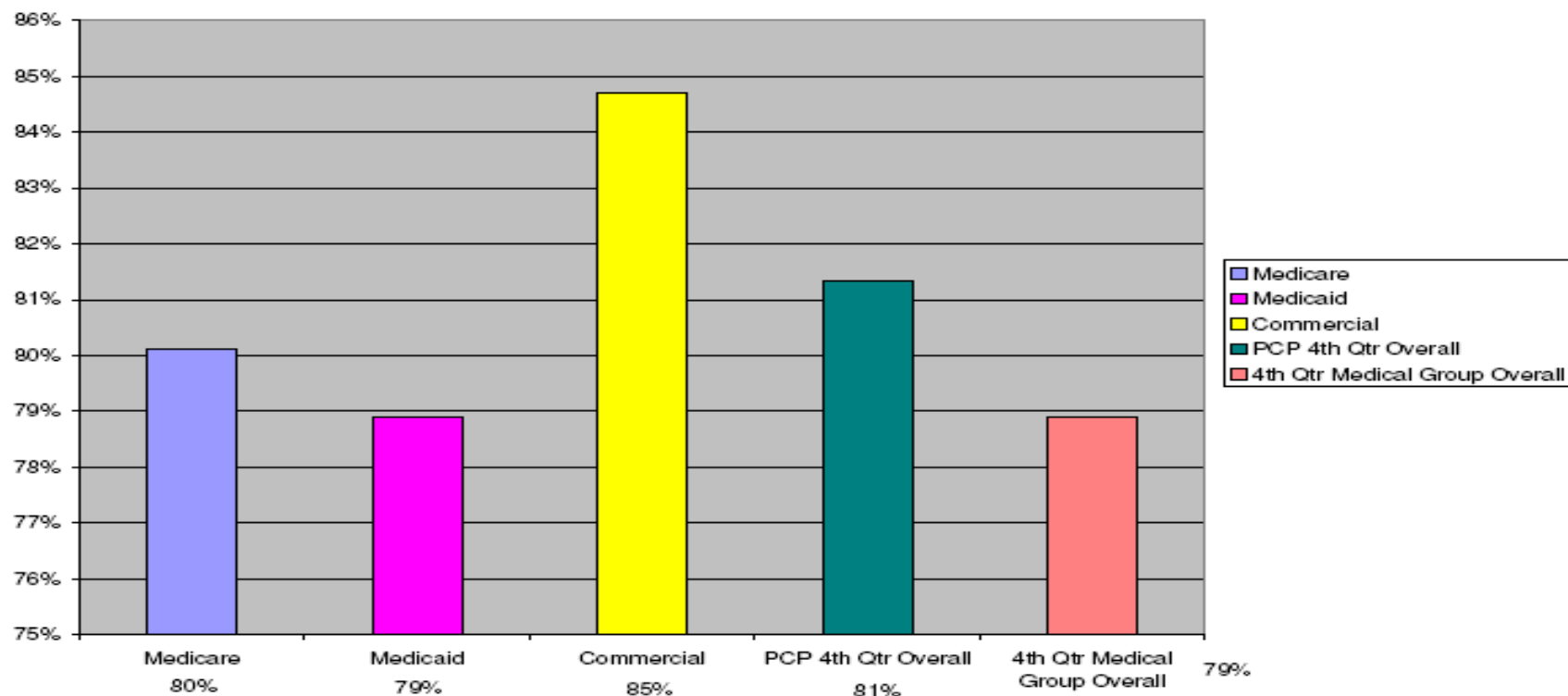
- Some Health Plans will pay a “participation” incentive during the early phases of the program so that physicians may verify information and begin using it in patient care planning.
 - Some Health Plans will continue with their current incentive systems until data accuracy is verified.
 - The goal is to convert all performance incentives to the new, community-wide, measure set.
 - Once operational, it is anticipated that qualifying physicians could earn \$10,000–\$20,000 each per year.
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A sample summary report graph:

—SAMPLE—

Quality Health 1st
Dr. Amanda Jones (MGA)—4th Qtr 2006 by Score

—SAMPLE—



PCP-2a, Updated 3/6/2007

Dr. Amanda Jones (MGA)—4th Qtr 2006 by Score

A sample report summary with details:

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Quality Health FirstSM
Dr. Amanda Jones (MGA)—4th Qtr 2006

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Quality Measures		Population			Medicare		Medicaid		Commercial		Dr. Jones Overall Score w/o Other	Other		Dr. Jones Overall Score w/ Other	MGA Percentage Met
		Measures Not Met	Reminders	Total Population	Population	Percentage Met	Population	Percentage Met	Population	Percentage Met		Population	Percentage Met		
Asthma Treatment															
ASM	Use of Appropriate Medications for People with Asthma														
	=> Patients 5–9 years of age	14		67			25	84.0%	15	86.7%	85.0%	27	70.4%	79.1%	86.5%
	=> Patients 10–17 years of age	38		138			55	67.3%	31	83.9%	73.3%	52	71.2%	72.5%	77.0%
	=> Patients 18–56 years of age	33		200			60	85.0%	72	86.1%	85.6%	68	79.4%	83.5%	81.4%
	=> Patients 5–56 years of age combined	85		405			140	77.9%	118	85.6%	81.4%	147	74.8%	79.0%	85.6%
Children's Health															
W15	Well-Child Visits Birth–15 Months	7		36			13	92.3%	11	90.9%	91.7%	12	58.3%	80.6%	66.7%
W34	Well-Child Visits 3–6	14		45			12	58.3%	15	80.0%	70.4%	18	66.7%	68.9%	68.7%
AWC	Adolescent Well-Care Visits	13		53			15	66.7%	21	85.7%	77.8%	17	70.6%	75.5%	77.6%
CIS	Childhood Immunization Status	10	1	54			17	82.4%	16	87.5%	84.8%	21	76.2%	81.5%	69.5%
AIS	Adolescent Immunization Status	13	2	57			18	72.2%	22	81.8%	77.5%	17	76.5%	77.2%	63.0%
CWP	Appropriate Testing for Children with Pharyngitis	9		52			17	82.4%	16	87.5%	84.8%	19	78.9%	82.7%	73.4%
URI	Appropriate Treatment for Children with URI	9		54			17	82.4%	16	87.5%	84.8%	21	81.0%	83.3%	78.8%
Diabetic Care															
DC1	HbA1c Testing	20	1	144	40	90.0%	32	84.4%	37	97.3%	90.8%	35	71.4%	86.1%	70.7%
DC8	HbA1c Good Control <7%	53	7	144	40	62.5%	32	59.4%	37	73.0%	65.1%	35	57.1%	63.2%	68.0%
DC3	LDL-C Screening	18	3	144	40	95.0%	32	78.1%	37	100.0%	91.7%	35	74.3%	87.5%	78.9%
DC5	LDL-C Controlled <100 mg/dL	49	6	144	40	70.0%	32	56.3%	37	81.1%	69.7%	35	54.3%	66.0%	70.6%
DC6	Kidney Disease Monitored	42	5	144	40	85.0%	32	53.1%	37	81.1%	74.3%	35	60.0%	70.8%	54.8%
DC7	Retinal Eye Exam	34	2	144	40	92.5%	32	75.0%	37	83.8%	84.4%	35	51.4%	76.4%	61.1%
Heart Health															
BBH	Ambulatory Beta-Blocker Treatment	43		146	38	73.7%	31	41.9%	36	88.9%	69.5%	41	73.2%	70.5%	83.7%
PBH	Persistant Beta-Blocker Therapy	107		363	86	76.7%	112	59.8%	87	79.3%	70.9%	78	69.2%	70.5%	78.8%
CM1	Cholesterol Management LDL-C screening	74	3	410	113	86.7%	111	82.9%	88	76.1%	82.4%	98	80.6%	82.0%	88.9%
CM3	Cholesterol Management LDL-C controlled <100 mg/dL	147	14	410	113	58.4%	111	67.6%	88	65.9%	63.8%	98	65.3%	64.1%	71.5%

... with alerts and reminders:

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Quality Health FirstSM
Dr. Amanda Jones—Medical Group A (MGA)

—SAMPLE—

Patient Alerts and Reminders as of 12/31/06

Bradley, Kris		01/01/59	F	48			
	Catg	Measurement	Date	Info Source	Result	Notes	A / R
	BCS	Breast Cancer Screening	01/15/05	Community Hospital		Next mammogram due before 01/15/07	R
	CDC CMC	LDL-C Results	03/25/06	Lab Corp	127 mg/dL	LDL-C greater than 100 mg/dL	A
	LBP	Imaging	12/10/06	St. Francis - Beech Grove		Unnecessary Imaging was found	A

Brown, Elizabeth		07/06/45	F	62			
	Catg	Measurement	Date	Info Source	Result	Notes	A / R
	BCS	Breast Cancer Screening	10/06/04	St. Francis - Beech Grove		Mammogram not within 24 months	A
	CCS	Cervical Cancer Screening				No cervical cancer screening on file	A
	CDC	HbA1c Testing HbA1c Results	09/12/05	Dr. Smith	8.3%	HbA1c not within 12 months HbA1c greater than 7%	A
	CDC	LDL-C Screening LDL-C Results	11/14/05	Lab Corp	99 mg/dL	LDL-C not within 12 months	A
	COL	FOBT Flex Sig DCBE Colonoscopy	11-07-05 11-20-01	St. Francis		Screening criteria not met	A

Chitwood, James		11/13/52	M	55			
Chitwood, Jimmy		11/12/52					
	Code	Measurement	Date	Info Source	Result	Notes	A / R
	ASM	Appropriate Medication				No asthma medication on file	A

Thank You

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